

(Official Form 1) (10/05)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)						Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Gelfond, Igor				Name of Joint Debtor (Spouse) (Last, First, Middle): Gelfond, Elena																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): aka Lena Gelfond																							
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-9588				Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-3367																							
Street Address of Debtor (No. & Street, City, and State): 21660 Rainbow Rd.				Street Address of Joint Debtor (No. & Street, City, and State): 21660 Rainbow Rd.																							
Barrington, IL			ZIPCODE 60010	Barrington, IL			ZIPCODE 60010																				
County of Residence or of the Principal Place of Business: LAKE				County of Residence or of the Principal Place of Business: LAKE																							
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																							
			ZIPCODE				ZIPCODE																				
Location of Principal Assets of Business Debtor (if different from street address above):																											
							ZIPCODE																				
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and provide the information requested below.) State type of entity:		Nature of Business (Check all applicable boxes.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13																							
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business																							
Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).				Chapter 11 Debtors Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.																							
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million																				
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Igor Gelfond Elena Gelfond	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X <u>/s/ HAROLD M. SAALFELD</u> 07/24/2006 HAROLD M. SAALFELD Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		Certification Concerning Debt Counseling by Individual/Joint Debtor(s) <input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)	
Information Regarding the Debtor (Check the Applicable Boxes) Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding (in a federal or state court) in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property <i>Check all applicable boxes.</i>			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) Name of landlord that obtained judgment: Address of landlord:			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Igor Gelfond
Elena Gelfond****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Igor Gelfond
Igor Gelfond**X** /s/ Elena Gelfond
Elena Gelfond

Telephone Number (If not represented by an attorney)

07/24/2006

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.☐ Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____
(Signature of Foreign Representative)_____
(Printed Name of Foreign Representative)_____
(Date)**Signature of Attorney****X** /s/ HAROLD M. SAALFELD
HAROLD M. SAALFELD Bar No. **6231257****LAW OFFICE OF HAROLD M. SAALFELD**
25 N. COUNTY STREET, SUITE 2R
WAUKEGAN, IL 60085-4342Phone No. **(847) 249-7538** Fax No. **(847) 775-2709**07/24/2006

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X __________
Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date_____
Address**X** __________
Date_____
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above._____
Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:_____
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person._____
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both (11 U.S.C. § 110; 18 U.S.C. § 156).

Form B6D IN RE: **Igor Gelfond**
(10/05) **Elena Gelfond**CASE NO _____
(If Known)CHAPTER **7****SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: 2214121900103 American Enterprise Ba 600 N Buffalo Grove Rd Buffalo Grove, IL 60089	J	DATE INCURRED: 02/28/2005 NATURE OF LIEN: Unsecured COLLATERAL: Single Family Home REMARKS: DELINQUENT VALUE: \$0.00	X	\$478,016.00	\$478,016.00
ACCT #: 30422937 American Honda Finance 2170 Point Blvd Ste 100 Elgin, IL 60123	J	DATE INCURRED: 03/08/2003 NATURE OF LIEN: Auto Lease COLLATERAL: REMARKS: CURRENT VALUE: \$0.00		\$18,223.00	\$18,223.00
ACCT #: Christpher Rexroat Attorney for Rempel Ungaretti & Harris LLP 3500 Three First National Plaza Chicago, IL 60602	J	DATE INCURRED: NATURE OF LIEN: 2ND MORTGAGE COLLATERAL: REMARKS: VALUE: \$0.00		\$108,000.00	\$108,000.00
ACCT #: CODILIS & ASSOCIATES P.C. 15W030 NORTH FRONTAGE RD, SUITE BURR RIDGE, IL 60527	J	DATE INCURRED: NATURE OF LIEN: Attorneys for Washington Mutual COLLATERAL: Washington Mutual - Single Family Home REMARKS: VALUE: \$0.00		\$0.00	
ACCT #: Hermanek & Gara PC Attorneys for Miron Averbakh 407 S. Dearborn St. Suite 320 Chicaog, IL 60605	J	DATE INCURRED: NATURE OF LIEN: MORTGAGE COLLATERAL: Washington Mutal Single Family Home REMARKS: VALUE: \$280,000.00		\$0.00	

Subtotal (Total of this Page) > **\$604,239.00**Total (Use only on last page) > **\$604,239.00**

(Report total also on Summary of Schedules)

1 continuation sheets attached

Form B6D IN RE: **Igor Gelfond**
(10/05) **Elena Gelfond**CASE NO _____
(If Known)CHAPTER **7****SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Continuation Sheet No. 1

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:	J	DATE INCURRED: NATURE OF LIEN: MORTGAGEE COLLATERAL: Washington Mutual Single Family Home REMARKS:				\$0.00	
Jessica L. Webb, Esq. Attorney for Michael Loyfman Azulay Horn & Seiden LLC 205 N. Michigan Avenue 40th Fl Chicago, IL 60601		VALUE: \$0.00					
ACCT #:		DATE INCURRED: NATURE OF LIEN: Disputed Mortgagee COLLATERAL: Washington Mutual Single Family Home REMARKS:					
Robert F. Rabin Attorney for American Enterprise Bank 25 E. Washington St, 10th Fl Chicago, IL 60602	J	VALUE: \$0.00		X		\$0.00	
ACCT #:	J	DATE INCURRED: NATURE OF LIEN: BALANCE ON ACCOUNT COLLATERAL: Mechanic's Lien REMARKS:				\$0.00	
Steiner Electric 1250 Touhy Elk Grove Village, IL 6007		VALUE: \$0.00					
ACCT #:		DATE INCURRED: 11/10/2003 NATURE OF LIEN: Conventional Real Estate Mortgage COLLATERAL: WAMU Mortgage - Single Family Home REMARKS: FORCLOSURE STARTED INFORECLOSURE					
Washington Mutual Po Box 1093 Northridge, CA 91328	J	VALUE: \$0.00				\$996,704.00	\$996,704.00
ACCT #:	J	DATE INCURRED: NATURE OF LIEN: Fee Simple COLLATERAL: Washington Mutual Single Family Home REMARKS:				\$0.00	
WASHINGTON MUTUAL P.O. BOX 1093 NORTHRIDGE, CA 91328		VALUE: \$1,100,000.00					

Subtotal (Total of this Page) > **\$996,704.00**
Total (Use only on last page) > **\$1,600,943.00**

(Report total also on Summary of Schedules)